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PTO/SB/01 (12-97) Approved for use through 9/30/00. OMB 0651-0032
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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

□ Declaration Submitted with Initial Filing

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Assessed Barriera Namelian		1/1156	`			
Attorney Docket Number		1/1156				
First Named Inventor		Karin Drechsel				
COMPL	ETE II	F KNOWN_	_			
Application Number	09 / 981,937					
Filing Date	10/1	7/2001				
Group Art Unit						
Examiner Name			_			

As a below named inventor, I hereby declare that:									
My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: INHALABLE FORMULATION OF A SOLUTION CONTAINING A TIOTROPIUM SALT									
the specification of which (Title of the Invention)									
is attached hereto OR									
was filed on (MM/DD/YYYY) 10/17/2001 as United States Application Number or PCT International									
Application Number 09/9	Application Number 09/981,937 and was amended on (MM/DD/YYYY) (if applicable).								
I hereby state that I have re	eviewed and understand the	contents of the above ident	ified specificatio	n, including the claims, as					
	ent specifically referred to abo disclose information which is		defined in 37 CF	CD 1 F.C					
1 declinations and daily to	ASCIOSO IIIIO/MIGUOTI W. IICH TO	materiar to paternaum, 20	delined in 5, 5,	-N 1.30.					
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO					
DE 100 54 036.8	Germany	10/31/2000							
		1							
☐ Additional foreign applic	ation numbers are listed on a	supplemental priority data	sheet PTO/SB/0	02B attached hereto:					
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.									
Application Number	(s) Filing Date	e (MM/DD/YYYY)							
60/253,567	11/28/2000		onal provisional application ers are listed on a emental priority data sheet SB/02B attached hereto.						

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.





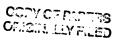
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DECLARATION Utility or Design Patent Application

DECLA	<u>RA HUI</u>	<u> </u>	– Utilit	y or	De:	sigi	n Pale	ent A	pp	nicatio	<u> </u>	
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filling date of the prior application and the national or PCT international filling date of this application.												
U.S. Parent Application or PCT Parent Number				Parent Filing Date (MM/DD/YYYY)				nt Patent I <i>(If applical</i>				
Additional U.S. or												
As a named inventor, I hand Trademark Office c		: 	Customer Num	ber					ransa	Place Cust Number Bar	omer Code	
Nam				tration	name/	registra	tion number lis		_	Registration		
Robert P. Raymo			25,089	nber		Susa	an K. Pocc			Number 45,016		
Alan R. Stempel			28,991				o I. Datlow			41,482		
Mary-Ellen M. D			27,928				thy X. Wit			40,232		
Anthony P. Botti			41,629				· · · · · · · · · · · · · · · · · · ·			1.0,202		
Additional registere		med o		Registere	d Pract	itioner I	nformation she	et PTO/S	B/02C	attached here	eto.	
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Country			Telephoi	ne				Fax				
believed to be true; an punishable by fine or i	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									o made are		
Name of Sole or	First Inventor:					A petiti	on has been	filed for t	his u	nsigned inve	ntor	
Given Na	me (first and mid	ldle [il	f any])				Family	Name o	r Sur	name		
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Additional inventor	ors are being na	ned o	n the 1 su	pplement	al Add	ditional	Inventor(s) s	sheet(s) F	TO/S	SB/02A attac	hed hereto	





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PTO/SB/02A (3-97)

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 2

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor								entor			
Given Name (first and middle [if any])				Family Name or Surname							
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Given Nar	me (first and middle [if any])		Family Name or Surname							
Christel	SCHMELZER										
Inventor's Signature	Mirshel Hellow								Date	De 06,2001	
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Name of Addition	nal Joint Inventor, if an	y:] A petiti	on has been file	ed for th	nis unsi	gned inv	rentor	
Given Na	me (first and middle [if any])		Family Name or Surname							
Petra	BARTH										
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Post Office Address		_									
City	Mainz	State			ZIP	55131		Country	Gerr	many	

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